

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/757342

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 26 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 26 minus 20 = | 6 |
| INDEPENDENT CLAIMS | 6 minus 3 = | 3 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

- If the difference in column 1 is less than zero, enter "0" in column 2

AMDT

CLAIMS AS AMENDED - PART II

A 7-26-04 (Column 1)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|------------|--------------------------|
| | | | | | | |
| Total | 26 | Minus | 26 | 0 | | |
| Independent | 6 | Minus | 6 | 0 | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <input type="checkbox"/> |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |
|----------------------|----------------------------|
| OR | |
| BASIC FEE | 355.00 |
| OR | BASIC FEE 710.00 |
| X\$ 9= | |
| OR | X\$18= 108 |
| X40= | |
| OR | X80= 240 |
| +135= | |
| OR | +270= 0 |
| TOTAL | OR TOTAL 1058 |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |
|----------------------|----------------------------|
| OR | |
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| OR | X\$18= 0 |
| X40= | |
| OR | X80= 0 |
| +135= | |
| OR | +270= 0 |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE 0 |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|------------|--------------------------|
| Total | • | Minus | •• | = | | |
| Independent | • | Minus | ••• | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <input type="checkbox"/> |
| | | | | | | |
| | | | | | | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|------------|--------------------------|
| Total | • | Minus | •• | = | | |
| Independent | • | Minus | ••• | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | <input type="checkbox"/> |
| | | | | | | |
| | | | | | | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.